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TO:	Commissioner for Patents	COMPANY:	U.S. Patent and Trademark Office
FAX:	571-273-8300	PAGES:	4 (including cover)
PHONE:		DATE:	July 20, 2006
RE:	U.S. Patent Application No. 10/701,883	ATTORNEY DOCKET/REF. NO.	M112 1071 1
		ACCOUNTING NO.	38301.0010.4

☐ Urgent

☐ For Review

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In re application of: Muhanna et al.
Serial No.: 10/701,883
Filed: 11/05/03
For: Vertebral Body Replacement & Method of Use

OFFICIAL

Attached in connection with the above-identified patent application are the following:

- (1) Transmittal Form;
- (2) Fee Transmittal; and
- (3) Response to Restriction Requirement

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WCSR 3376327v1

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PTO/SB/21 (09-04)


Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/701,883	RECEIVED CENTRAL FAX CENTER JUL 20 2006
	Filing Date	11/05/2003	
	First Named Inventor	Muhanna	
	Art Unit	3738	
	Examiner Name	Prone, Christopher D.	
	Attorney Docket Number	M112 1071.1	
Total Number of Pages in This Submission			

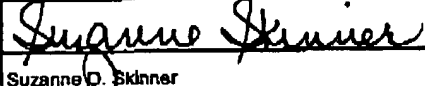
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Womble Carlyle Sandridge & Rice, PLLC		
Signature			
Printed name	Louis T. Isaf		
Date	20 July 2006	Reg. No.	29,078

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being efiled transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Suzanne D. Skinner	Date	7-20-2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-05)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number 10/701,883
 Filing Date 11/05/2003
 First Named Inventor Muhanna
 Examiner Name Prone, Christopher D.
 Art Unit 3738
 Attorney Docket No. M112 1071.1

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METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle Sandridge & Rice, PLLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x		
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x		
HP = highest number of independent claims paid for, if greater than 3.			

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(v)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

SUBMITTED BY

Signature  Registration No. 29,078 Telephone 404-962-7523
 Name (Print/Type) Louis T. Isaf (Attorney/Agent) Date 20 July 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
Muhanna et al.) Art Unit: 3738
Serial No: 10/701,883) Examiner: Prone, Christopher D.
Filed: November 5, 2003)
For: VERTEBRAL BODY REPLACEMENT AND METHOD OF USE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the requirement of the Office Action dated June 21, 2006, Application hereby elects Species 8 (directed to Figs. 23-26) for prosecution on the merits.

Application reserves its right to have claims to additional species considered upon allowance of a generic claim.

REMARKS


Applicant has elected Species 8 (directed to Figs. 23-26) for prosecution on the merits. It is submitted that the following claims are readable on the elected species: Claims 1-10 and 14-28.

Acceptance of this Election and Amendment is greatly appreciated.

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(404) 888-7490 (Facsimile)

Date: 20 July 2006

Respectfully submitted,


Louis T. Isaf
Reg. No. 29,078

Docket No.: M112 1071.1

WCSR 2614360v1